

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>9072</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>John</u> <u>M</u> <u>Hamilton</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>37450 Schoolcraft, Suite 110</u> City <u>Livonia</u> State <u>Michigan</u> ZIP Code + 4 <u>48150-1082</u>	4. Name, file number, and address of labor organization. Name <u>Operating Engineers' Local 324</u> Labor Organization File Number <u>019-088</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>37450 Schoolcraft, Suite 110</u> City <u>Livonia</u> State <u>Michigan</u> ZIP Code + 4 <u>48150-1082</u>
5. Position in labor organization. <u>Business Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>John M. Hamilton</u>	On <u>7/06/2005</u> Date	<u>734-4623660</u> Telephone Number

Name of Person Filing John Hamilton	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

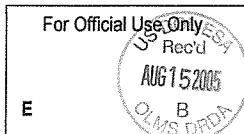
<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text" value="Mesirow Financial Services, Inc"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="24600 Northwestern Highway"/></p> <p>City <input type="text" value="Southfield"/></p> <p>State <input type="text" value="Michigan"/> ZIP Code + 4 <input type="text" value="48075"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text" value="Operating Engineers' Local 324 Pension Fund"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="350 North Clark Street"/></p> <p>City <input type="text" value="Chicago"/></p> <p>State <input type="text" value="Illinois"/> ZIP Code + 4 <input type="text" value="60610"/></p>	<p>11.a. Nature of such dealing.</p> <p><input type="text" value="Provided money manager services for the pension funds"/></p> <p>11.b. Approximate dollar value of such dealing. <input type="text" value="\$0"/></p> <p>12.a. Nature of interest held or income received.</p> <p><input type="text" value="Provided tickets to the Rod Stewart concert"/></p> <p>12.b. Amount. <input type="text" value="\$207"/></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <p><input type="text"/></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p><input type="text"/></p>

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5. Position in labor organization. <u>Business Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

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Signed <u>John M. Hamilton</u>	On <u>7/06/2005</u>	<u>734-4623660</u>
	Date	Telephone Number

Name of Person Filing John Hamilton	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text" value="Mesirow Financial Services, Inc"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="24600 Northwestern Highway"/></p> <p>City <input type="text" value="Southfield"/></p> <p>State <input type="text" value="Michigan"/> ZIP Code + 4 <input type="text" value="48075"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text" value="Operating Engineers' Local 324 Pension Fund"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="350 North Clark Street"/></p> <p>City <input type="text" value="Chicago"/></p> <p>State <input type="text" value="Illinois"/> ZIP Code + 4 <input type="text" value="60610"/></p>	<p>11.a. Nature of such dealing.</p> <div><input type="text" value="Provided money manager services for the pension funds"/></div> <p>11.b. Approximate dollar value of such dealing. <input type="text" value="\$0"/></p> <p>12.a. Nature of interest held or income received.</p> <div><input type="text" value="Provided 2 tickets to the Detroit Pistons basketball playoffs. June 2004."/></div> <p>12.b. Amount. <input type="text" value="\$410"/></p>

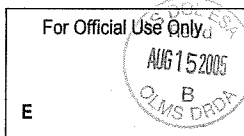
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <div><input type="text"/></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div><input type="text"/></div>

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3. Name and address of person filing. Name <u>John</u> <u>M</u> <u>Hamilton</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>37450 Schoolcraft, Suite 110</u> City <u>Livonia</u> State <u>Michigan</u> ZIP Code + 4 <u>48150-1082</u>	4. Name, file number, and address of labor organization. Name <u>Operating Engineers' Local 324</u> Labor Organization File Number <u>019-088</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>37450 Schoolcraft, Suite 110</u> City <u>Livonia</u> State <u>Michigan</u> ZIP Code + 4 <u>48150-1082</u>
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Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

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Signed

John M. Hamilton

On

8/08/05

Date

734-4623660

Telephone Number

Name of Person Filing John Hamilton	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text" value="Munder Capital Management, Inc."/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="480 Pierce St., Suite 300"/></p> <p>City <input type="text" value="Birmingham,"/></p> <p>State <input type="text" value="Michigan"/> ZIP Code + 4 <input type="text" value="48012"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text" value="Operating Engineers' Local 324 Pension Trust"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="2075 W. Big Beaver, Suite 700"/></p> <p>City <input type="text" value="Troy"/></p> <p>State <input type="text" value="Michigan"/> ZIP Code + 4 <input type="text" value="48084"/></p>	<p>11.a. Nature of such dealing.</p> <div><input type="text" value="Provides money managers services for the pension fund."/></div> <p>11.b. Approximate dollar value of such dealing. <input type="text" value="\$400,000"/></p> <p>12.a. Nature of interest held or income received.</p> <div><input type="text" value="Provided two tickets to the Kid Rock Concert."/></div> <p>12.b. Amount. <input type="text" value="\$200"/></p>

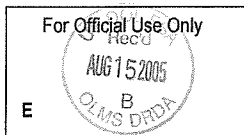
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <div><input type="text"/></div>
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A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

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Signed *John M. Hamilton* On 8/08/05 734-4623660
Date Telephone Number

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8. Name and address of Business (including trade name, if any).

Name Munder Capital Management, Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 480 Pierce St., Suite 300

City Birmingham,

State Michigan

ZIP Code + 4 48012

9. Business deals with:

☐

a. Labor Organization

☒

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Operating Engineers' Local 324 Pension Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2075 W. Big Beaver, Suite 700

City Troy

State Michigan

ZIP Code + 4 48084

11.a. Nature of such dealing.

Provides money managers services for the pension fund.

11.b. Approximate dollar value of such dealing.

\$400,000

12.a. Nature of interest held or income received.

Provided two tickets to the Eric Clapton Concert.

12.b. Amount.

\$100

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

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Street

City

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ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

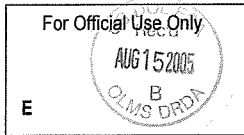
?

14.b. Amount of payment.

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Signed John M. Hamilton On 08/08/05 Date 734-4623660 Telephone Number

Name of Person Filing John Hamilton	File Number U-
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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text" value="Munder Capital Management, Inc."/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="480 Pierce St., Suite 300"/></p> <p>City <input type="text" value="Birmingham,"/></p> <p>State <input type="text" value="Michigan"/> ZIP Code + 4 <input type="text" value="48012"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text" value="Operating Engineers' Local 324 Pension Trust"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="2075 W. Big Beaver, Suite 700"/></p> <p>City <input type="text" value="Troy"/></p> <p>State <input type="text" value="Michigan"/> ZIP Code + 4 <input type="text" value="48084"/></p>	<p>11.a. Nature of such dealing.</p> <div><input type="text" value="Provides money managers services for the pension fund."/></div> <p>11.b. Approximate dollar value of such dealing. <input type="text" value="\$400,000"/></p> <p>12.a. Nature of interest held or income received.</p> <div><input type="text" value="Provided 2 tickets to the Ryder Cup golf matches in Birmingham MI which were distributed to other Union employees or members. Tickets were for the six day event."/></div> <p>12.b. Amount. <input type="text" value="\$1,200"/></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <div><input type="text"/></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input type="text"/></p>

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7072</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>John</u> <u>M</u> <u>Hamilton</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>37450 Schoolcraft, Suite 110</u> City <u>Livonia</u> State <u>Michigan</u> ZIP Code + 4 <u>48150-1082</u>	4. Name, file number, and address of labor organization. Name <u>Operating Engineers' Local 324</u> Labor Organization File Number <u>019-088</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>37450 Schoolcraft, Suite 110</u> City <u>Livonia</u> State <u>Michigan</u> ZIP Code + 4 <u>48150-1082</u>
5. Position in labor organization. <u>Business Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

John M. Hamilton

On

08/08/05
Date

734-4623660

Telephone Number

Name of Person Filing John Hamilton	File Number U-
-------------------------------------	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Munder Capital Management, Inc.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 480 Pierce St., Suite 300</p> <p>City Birmingham,</p> <p>State Michigan ZIP Code + 4 48012</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Operating Engineers' Local 324 Pension Trust</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2075 W. Big Beaver, Suite 700</p> <p>City Troy</p> <p>State Michigan ZIP Code + 4 48084</p>	<p>11.a. Nature of such dealing.</p> <p>Provides money managers services for the pension fund.</p> <p>11.b. Approximate dollar value of such dealing. \$400,000</p> <p>12.a. Nature of interest held or income received.</p> <p>Two tickets to the Detroit Piston Basketball game.</p> <p>12.b. Amount. \$300</p>

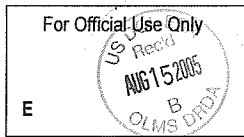
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7072</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>John</u> <u>M</u> <u>Hamilton</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>37450 Schoolcraft, Suite 110</u> City <u>Livonia</u> State <u>Michigan</u> ZIP Code + 4 <u>48150-1082</u>	4. Name, file number, and address of labor organization. Name <u>Operating Engineers' Local 324</u> Labor Organization File Number <u>019-088</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>37450 Schoolcraft, Suite 110</u> City <u>Livonia</u> State <u>Michigan</u> ZIP Code + 4 <u>48150-1082</u>
5. Position in labor organization. <u></u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

John M. Hamilton

On

8/8/05

Date

734-4623660

Telephone Number

Name of Person Filing John Hamilton	File Number U-
-------------------------------------	----------------

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text" value="Milestone Realty Services, Inc"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="306 S. Washington , Suite 300"/></p> <p>City <input type="text" value="Royal Oak"/></p> <p>State <input type="text" value="Michigan"/> ZIP Code + 4 <input type="text" value="48067-3833"/></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11.a. Nature of such dealing.</p> <div><p>Provides real estate portfolio management services to the benefit funds.</p></div> <p>11.b. Approximate dollar value of such dealing. <input type="text" value="\$200,000"/></p> <p>12.a. Nature of interest held or income received.</p> <div><p>Provided holiday basket which was placed in the office for staff.</p></div> <p>12.b. Amount. <input type="text" value="\$100"/></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <div><p></p></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input type="text"/></p>

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

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For Official Use Only
AUG 15 2005
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7072</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>John</u> <u>M</u> <u>Hamilton</u> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <u>37450 Schoolcraft, Suite 110</u> City <u>Livonia</u> State <u>Michigan</u> ZIP Code + 4 <u>48150-1082</u>	4. Name, file number, and address of labor organization. Name <u>Operating Engineers' Local 324</u> Labor Organization File Number <u>019-088</u> P.O. Box, Building and Room Number, if any <input type="text"/> Street <u>37450 Schoolcraft, Suite 110</u> City <u>Livonia</u> State <u>Michigan</u> ZIP Code + 4 <u>48150-1082</u>
5. Position in labor organization. <input type="text"/>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>John M Hamilton</u>	On <u>08/08/05</u> Date	<u>734-4623660</u> Telephone Number

Name of Person Filing John Hamilton

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Health Alliance Plan of Mi, Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2850 West Grand Blvd

City Detroit

State Michigan ZIP Code + 4 48202

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Operating Engineers' Local 324 Health Care

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 24600 Northwestern Highway

City Southfield

State Michigan ZIP Code + 4 48075

11.a. Nature of such dealing.

No relationship with the plan. Attempting to provide coverage

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

Dinners to discuss business possibilities

12.b. Amount.

\$92

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

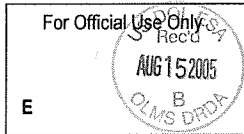
13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

FORM LM-30

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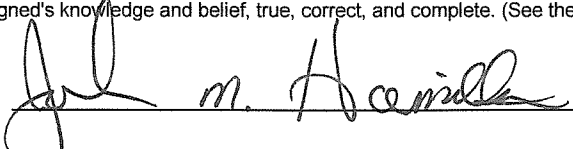
1. File Number U - <u>7072</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>John</u> <u>M</u> <u>Hamilton</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>37450 Schoolcraft, Suite 110</u> City <u>Livonia</u> State <u>Michigan</u> ZIP Code + 4 <u>48150-1082</u>	4. Name, file number, and address of labor organization. Name <u>Operating Engineers' Local 324</u> Labor Organization File Number <u>019-088</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>37450 Schoolcraft, Suite 110</u> City <u>Livonia</u> State <u>Michigan</u> ZIP Code + 4 <u>48150-1082</u>
5. Position in labor organization. <u>Business Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed  On 08/08/05 Date 734-4623660 Telephone Number

Name of Person Filing John Hamilton	File Number U-
-------------------------------------	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/> Operating Engineers' Local 324 Fringe Funds</p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/> 37450 Schoolcraft, Suite 150</p> <p>City <input type="text"/> Livonia</p> <p>State <input type="text"/> Michigan ZIP Code + 4 <input type="text"/> 48150</p>	<p>11.a. Nature of such dealing.</p> <p><input type="text"/> The Fringe Funds office provides assistance with collection and other administrative matters</p> <p>11.b. Approximate dollar value of such dealing. <input type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <p><input type="text"/> John Hamilton's daughter, Dena Hamilton, who is under 21 Years of Age(actual age is 20) works at the office. During 2004, she earned \$22,227 in wages and \$8,117 in benefits.</p> <p>12.b. Amount. <input type="text"/> \$30,344</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

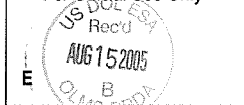
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <p><input type="text"/></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input type="text"/></p>

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

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3. Name and address of person filing. Name <u>John</u> <u>M</u> <u>Hamilton</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>37450 Schoolcraft, Suite 110</u> City <u>Livonia</u> State <u>Michigan</u> ZIP Code + 4 <u>48150-1082</u>	4. Name, file number, and address of labor organization. Name <u>Operating Engineers' Local 324</u> Labor Organization File Number <u>019-088</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>37450 Schoolcraft, Suite 110</u> City <u>Livonia</u> State <u>Michigan</u> ZIP Code + 4 <u>48150-1082</u>
5. Position in labor organization. <u>Business Agent and President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

John M. Hamilton On 08/08/05

Date

734-4623660

Telephone Number

Name of Person Filing John Hamilton	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Operating Engineers' Local 324 Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 37450 Schoolcraft, Suite 120</p> <p>City Livonia</p> <p>State Michigan ZIP Code + 4 48150-1082</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Operating Engineers' Local 324 Health Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 37450 Schoolcraft, Suite 120</p> <p>City Livonia</p> <p>State Michigan ZIP Code + 4 48150-1082</p>	<p>11.a. Nature of such dealing.</p> <p>Attended the IFEPB Annual Conference and training session.</p> <p>11.b. Approximate dollar value of such dealing. \$1,795</p> <p>12.a. Nature of interest held or income received.</p> <p>Reimbursement of expense related to the attending of the Annual Conference and training session. Expense details Conference fee-\$285.00, Hotel-\$625.50 Airfare-\$409.71 Meals- \$307.63, Cab-\$141.00 and Tips-\$26.00</p> <p>12.b. Amount. \$3,767</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

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AUG 15 2005

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7072</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>John</u> <u>M</u> <u>Hamilton</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>37450 Schoolcraft, Suite 110</u> City <u>Livonia</u> State <u>Michigan</u> ZIP Code + 4 <u>48150-1082</u>	4. Name, file number, and address of labor organization. Name <u>Operating Engineers' Local 324</u> Labor Organization File Number <u>019-088</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>37450 Schoolcraft, Suite 110</u> City <u>Livonia</u> State <u>Michigan</u> ZIP Code + 4 <u>48150-1082</u>
5. Position in labor organization. <u>Business Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>John M. Hamilton</u>	On <u>8/08/05</u> Date	<u>734-4623660</u> Telephone Number

Name of Person Filing John Hamilton	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text" value="Munder Capital Management, Inc."/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="480 Pierce St., Suite 300"/></p> <p>City <input type="text" value="Birmingham,"/></p> <p>State <input type="text" value="Michigan"/> ZIP Code + 4 <input type="text" value="48012"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text" value="Operating Engineers' Local 324 Pension Trust"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="2075 W. Big Beaver, Suite 700"/></p> <p>City <input type="text" value="Troy"/></p> <p>State <input type="text" value="Michigan"/> ZIP Code + 4 <input type="text" value="48084"/></p>	<p>11.a. Nature of such dealing.</p> <div><input type="text" value="Provides money managers services for the pension fund."/></div> <p>11.b. Approximate dollar value of such dealing. <input type="text" value="\$400,000"/></p> <p>12.a. Nature of interest held or income received.</p> <div><input type="text" value="Lunches and Dinner to discuss the investment portfolio performance."/></div> <p>12.b. Amount. <input type="text" value="\$250"/></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <div><input type="text"/></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input type="text"/></p>